

## Filing at a Glance

Company: National Casualty Company

Product Name: Dental Professional Liability      SERFF Tr Num: SCTT-125229804      State: Arkansas

Program - Claims Made

TOI: 11.1 Medical Malpractice - Claims Made      SERFF Status: Closed      State Tr Num: AR-PC-07-025440

Only

Sub-TOI: 11.1006 Dentists - General Practice      Co Tr Num: DT AR03804NCF01

Filing Type: Form

Co Status:

State Status:

Reviewer(s): Betty Montesi, Edith  
Roberts, Brittany Yielding

Author: Kristin Abbott

Disposition Date: 07-16-2007

Date Submitted: 07-11-2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

## General Information

Project Name: 3804 Dental Professional Liability Program

Project Number: DT AR03804NCF01

Reference Organization: n/a

Reference Title: n/a

Filing Status Changed: 07-16-2007

State Status Changed: 07-12-2007

Corresponding Filing Tracking Number:

Filing Description:

National Casualty Company is submitting a new form for use with our Dental Professional Liability Program. We request an effective date concurrent with your Departments approval.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: n/a

Advisory Org. Circular: n/a

Deemer Date:

Please find attached new Specific Procedures Exclusion DT-90s (6-07). There is no rate credit or rate impact for this endorsement. The excluded items have already been contemplated in our existing rate structure.

## Company and Contact

### Filing Contact Information

Kristin Abbott, Filings Analyst I

PO Box 4110

Scottsdale, AZ 85261

abbottk@scottsdaleins.com

(800) 423-7675 [Phone]

() -[FAX]

### Filing Company Information

National Casualty Company

PO Box 4110

CoCode: 11991

Group Code: 140

State of Domicile: Wisconsin

Company Type:

Created by SERFF on 07-16-2007 11:56 AM

Scottsdale, AZ 85261  
(800) 423-7675 ext. [Phone]

Group Name:  
FEIN Number: 38-0865250  
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State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Form Filing - \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	07-11-2007	14555390

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07-16-2007	07-16-2007

## **Disposition**

Disposition Date: 07-16-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Arkansas Certificate of Compliance	Approved	Yes
Form	Specific Procedures Exclusion	Approved	Yes

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Specific Procedures Exclusion	DT-90s	6-07	Endorsement/Amendment/Conditions		0.00	DT-90s.pdf

# National Casualty Company

**ENDORSEMENT  
NO.** \_\_\_\_\_

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## SPECIFIC PROCEDURES EXCLUSION

The following Exclusion is added to **SECTION B—EXCLUSIONS, 1. Applicable To Coverages A—Dentists Professional Liability, B—Entity Liability Coverage and C—First Aid Expenses:**

This insurance does not apply to:

### Specific Procedures

Any **CLAIM** for **BODILY INJURY, PROPERTY DAMAGE** or **PERSONAL AND ADVERTISING INJURY** caused by a **DENTAL INCIDENT** in performing the following procedures by you or any person for whose acts or omissions you are legally liable:

- (1) The use of Proplast™, Teflon or Vitek™ temporomandibular joint implants.
- (2) Botox injections or other substances derived from or including Botulinum Toxin other than for treating muscular pain associated with Temporomandibular Disorders (TMJ/TMD).
- (3) Injections of any substance for lip augmentation (enhancement or enlargement) unless related to

a procedure which is in compliance with the insured's State dental license.

- (4) Surgical or non-surgical procedures to treat sleep disorders, including but not limited to sleep apnea. However, this exclusion shall not apply if the patient is referred to the insured for the impression, construction, insertion (delivery) of appliance(s) by a physician or surgeon who has diagnosed, evaluated and is treating the patient for sleep disorders, including but not limited to sleep apnea.
- (5) Surgical or non-surgical procedures to treat eating disorders, including but not limited to weight loss. However, this exclusion shall not apply if the patient is referred to the insured for the impression, construction or insertion (delivery) of appliance(s) by a physicians or surgeon who has diagnosed, evaluated and is treating the patient for eating disorders, including but not limited to weight loss.

I/We hereby understand, acknowledge and accept the terms of this endorsement. (Signature is not required if attached at the original inception date of policy.)

\_\_\_\_\_  
SIGNATURE OF PARTNER, OFFICER OR SOLE PROPRIETOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPE NAME OF PARTNER, OFFICER OR SOLE PROPRIETOR

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE



## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-16-2007
<b>Comments:</b>			
<b>Attachment:</b>			
	DT AR3804ncfpctd.pdf		
<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b> Approved	07-16-2007
<b>Comments:</b>			
<b>Attachment:</b>			
	DT AR3804ncfcvrltr.pdf		
<b>Satisfied -Name:</b>	Arkansas Certificate of Compliance	<b>Review Status:</b> Approved	07-16-2007
<b>Comments:</b>			
<b>Attachment:</b>			
	DT AR3804ncfcert.pdf		

# Property & Casualty Transmittal Document (Revised 1/1/06)

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td>New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	Nationwide	140

<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
	National Casualty Company	WI	11991	38-0865250

<b>5. Company Tracking Number</b>	DT AR03804NCF01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Kristin Abbott PO Box 4110 Scottsdale, AZ 85261-4110	Filings Analyst I	800 423-7675 x3140	480-368-5820	abbottk@scottsdaleins.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Kristin Abbott

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.1019 Other Professional E & O Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.1019 Other Professional E & O Liability
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	Dental Professional Risk Purchasing Group
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: Upon Approval   Renewal: Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	n/a
<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	July 11, 2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #	DT AR03804NCF01
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<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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Filing one new form DT-90s (6-07) for use with our Dental Professional Liability Program.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div data-bbox="116 1085 373 1152"> <p><b>Check #: EFT</b></p> <p><b>Amount: \$50.00</b></p> </div> <div data-bbox="87 1409 1489 1493"> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> </div>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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# N A T I O N A L   C A S U A L T Y   C O M P A N Y

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8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

Reply to:

Post Office Box 4110  
Scottsdale, AZ 85261-4110

Telephone

800 423-7675 x3140

July 11, 2007

The Honorable Julia Benafield Bowman  
Commissioner  
Arkansas Department of Insurance  
1200 W. Third Street  
Little Rock AR 77201-1904

**Re:      National Casualty Company**  
**NAIC # 140-11991**  
**FEIN No.: 38-0865250**  
**Dental Professional Liability Program – Claims Made**  
**Dental Professional Purchasing Group (DPPG), A Risk Purchasing Group**  
**Form Filing**  
**Company File Number: DT AR03804NCF01**

Dear Commissioner Bowman:

National Casualty Company is submitting a new form for use with our Dental Professional Liability Program. We request an effective date concurrent with your Department's approval.

Please find attached new Specific Procedures Exclusion DT-90s (6-07). There is no rate credit or rate impact for this endorsement. The excluded items have already been contemplated in our existing rate structure.

We hope you will be in a position to grant favorable consideration to this filing submission, however, should you need further information, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,



Kristin Abbott  
State Filing Analyst I  
abbottk@scottsdaleins.com  
(800) 423-7675 x3140  
Encl.

# ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Gary Tiepelman,  
Senior Vice President – Underwriting of  
(Name) (Title of Authorized Officer)

National Casualty Company  
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate

corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ► Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number ► DT AR03804NCF01

Signature of Authorized Officer ►	<i>Gary A. Tiepelman</i>
Name of Authorized Officer ►	Gary Tiepelman
Title of Authorized Officer ►	Senior Vice President – Underwriting
Email address of Authorized Officer ►	TIEPELG@scottsdaleins.com
Telephone # of Authorized Officer ►	800 423-7675 x2050
Date ►	July 11, 2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us) AID PC SelfCert (4/30/03)